

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000070118

**Entity Name:** NODA CRUZ CORP.

**Current Principal Place of Business:**

1643 BRICKELL AVE  
#1102  
MIAMI, FL 33129

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC7472219695**

**Current Mailing Address:**

1643 BRICKELL AVE  
#1102  
MIAMI, FL 33129 US

**FEI Number:** 45-2933941

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, NINOSKA  
8186 SW 85 TERR  
MIAMI, FL 33143 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NODA CRUZ, MARIA L  
Address 1643 BRICKELL AVE #1102  
City-State-Zip: MIAMI FL 33129

Title VP,S  
Name RODRIGUEZ, NINOSKA A  
Address 8186 SW 85 TERR  
City-State-Zip: MIAMI FL 33143

Title T  
Name RODRIGUEZ, LUIS H  
Address 8185 SW 85 TERR  
City-State-Zip: MIAMI FL 33143

Title D  
Name RODRIGUEZ, LISETTE C  
Address 1643 BRICKELL AVE #1102  
City-State-Zip: MIAMI FL 33129

Title D  
Name RODRIGUEZ, ARELYS  
Address 1643 BRICKELL AVE. #1102  
City-State-Zip: MIAMI FL 33129

Title D  
Name RODRIGUEZ, MARIA A  
Address 1643 BRICKELL AVE. #1102  
City-State-Zip: MIAMI FL 33129

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS H RODRIGUEZ

**TREAS.**

**04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date